

PROVISIONAL APPLICATION
FILING RECEIPT

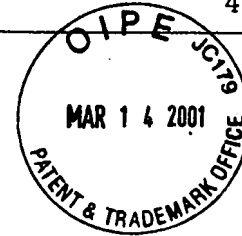


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
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APPLICATION NUMBER	FILING DATE	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS
60/069,372	12/12/97	\$75.00		4

ALFRED M WALKER
225 OLD COUNTRY ROAD
MELVILLE NY 11747

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Receipt is acknowledged of this Provisional Application. This Provisional Application will not be examined for patentability. Be sure to provide the PROVISIONAL APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to Box Provisional Application within 10 days of receipt. Please provide a copy of the Provisional Application Filing Receipt with the changes noted thereon. This Provisional Application will automatically be abandoned twelve (12) months after its filing date and will not be subject to revival to restore it to pending status beyond a date which is after twelve (12) months from its filing date.

Applicant(s) JOSEPH DOMES, HUNTINGTON, NY.

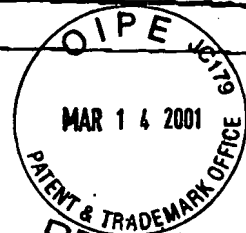
FOREIGN FILING LICENSE GRANTED 03/23/98
TITLE
RUGGEDIZED TRADESWORKERS RADIO

* SMALL ENTITY *

PROVISIONAL APPLICATION COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION under 37 CFR 1.53 (b)(2).

Docket Number		Type a plus sign (+) inside this box → +	
INVENTOR(S)/APPLICANT(S)			
LAST NAME	FIRST NAME	MIDDLE INITIAL	RESIDENCE (CITY AND EITHER STATE OR FOREIGN COUNTRY)
DOMES	JOSEPH		10 RED DEER LANE HUNTINGTON, NEW YORK 11743
TITLE OF THE INVENTION (250 characters max)			
RUGGEDIZED TRADESWORKERS RADIO			
CORRESPONDENCE ADDRESS			
ALFRED M. WALKER 225 OLD COUNTRY ROAD MELVILLE, NEW YORK 11747			
STATE	NEW YORK	ZIP CODE	11747
COUNTRY	USA		
ENCLOSED APPLICATION PARTS (check all that apply)			
<input checked="" type="checkbox"/> Specification	Number of Pages	14	<input checked="" type="checkbox"/> Small Entity Statement
<input checked="" type="checkbox"/> Drawing(s)	Number of Sheets	4	<input type="checkbox"/> Other (specify) _____
METHOD OF PAYMENT (check one)			
<input checked="" type="checkbox"/> A check or money order is enclosed to cover the Provisional filing fees			PROVISIONAL FILING FEE AMOUNT (\$)
<input type="checkbox"/> The Commissioner is hereby authorized to charge filing fees and credit Deposit Account Number: _____			75.00



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The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.

☒ No.

☐ Yes, the name of the U.S. Government agency and the Government contract number are: _____

Respectfully submitted,

SIGNATURE

Alfred M. Walker

Date 12/12/97

TYPED or PRINTED NAME

ALFRED M. WALKER

REGISTRATION NO.
(if appropriate)

29,983

☐ Additional inventors are being named on separately numbered sheets attached hereto

PROVISIONAL APPLICATION FILING ONLY

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Assistant Quality and Enhancement Division, Patent and Trademark Office, Washington, DC 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget (Project 0531-0017), Washington, DC 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner, Patent and Trademark Office, Washington, DC 20231.